

# Foster Family Home - Corrective Action Report

Provider ID: 1-633728

Home Name: Lorna Macaburas, CNA

Review ID: 1-633728-5

1459 Hoohaku Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 12/10/2018

End Date: 12/10/18

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/10/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date